

STATE OF WISCONSIN, CIRCUIT COURT, \_\_\_\_\_ COUNTY

*For Official Use*

IN THE INTEREST OF

**Consent of Child/Juvenile  
to Medical Services**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth

Case No. \_\_\_\_\_

I consent to the following medical services including surgical procedures when needed:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Child/Juvenile/GAL

\_\_\_\_\_  
Name Printed or Typed

\_\_\_\_\_  
Date

**DISTRIBUTION:**

1. Original - Court
2. Treatment Facility (certified or authenticated)